

Coverage at a glance

A summary of Doctor's Manitoba Extended Health Plan (the Plan) is provided below. Please note, the summary is an overview of the main provisions of the Plan. The Plan is governed by official documents, such as the insurance contract as well as by applicable legislation. In the event of any inconsistency between this summary and the official documents, the latter will prevail.

Note all eligible expenses are paid based on Reasonable and Customary charges. This refers to the maximum allowable amount the insurance company will reimburse on an expense which are the commonly charged fees within a geographic area.

	Per year = calendar year Maximums are per person unless stated otherwise
Deductible	None
Reimbursement	
<ul style="list-style-type: none"> ● Prescription drugs (Pay Direct Drug Card) <ul style="list-style-type: none"> – Manitoba formulary – Non-formulary 	80% Unlimited Maximum of \$1,000 per family per year
<ul style="list-style-type: none"> ● Ambulance 	100%
<ul style="list-style-type: none"> ● Semi-private hospital 	100%
<ul style="list-style-type: none"> ● Eye exams 	80% One exam every 24 months*
<ul style="list-style-type: none"> ● Eyeglasses, contact lenses or laser eye surgery 	100% Maximum \$300 every 24 months*
<ul style="list-style-type: none"> ● Paramedical services <ul style="list-style-type: none"> – Audiologist, chiropractor, registered dietician, massage therapist, naturopath, osteopath, physiotherapist, podiatrist, clinical psychologist, speech therapist – Athletic therapist and occupational therapist 	80% Maximum of \$750 per year per practitioner Combined maximum of \$300 per year
<ul style="list-style-type: none"> ● Out-of-province/Canada emergency medical travel and travel assistance for sudden and unexpected injury or illness 	100% Lifetime maximum of \$5,000,000
<ul style="list-style-type: none"> ● First 60 days of an out of Canada trip 	100%
<ul style="list-style-type: none"> ● Other eligible expenses <ul style="list-style-type: none"> – Private duty nursing – Orthotics – Hearing aids – Cardiac rehabilitation 	80% Maximum \$3,000 per year \$300 per year \$1,500 every 5 years* Lifetime maximum of \$300

* from last date of service

Introduction

The Doctors Manitoba Extended Health Plan (the Plan) provides financial assistance for medical expenses that are not covered by Manitoba Health, both inside and outside of Manitoba.

The Plan provides comprehensive coverage at a much lower cost than if you were to purchase similar coverage on an individual basis.

You are guaranteed insurability, which means no medical exam is required.

If you move outside Manitoba and maintain your affiliation with Doctors Manitoba, you may continue your Extended Health coverage for up to 90 days (as long as you pay the premiums).

What's Covered

- 100% of the cost for ambulance and semi-private hospital accommodation.
See Ambulance and Semi-Private Hospital Coverage for details of eligible expenses.
- 100% of the Reasonable and Customary charges for prescription eye glasses/contact lenses and 80% of the Reasonable and Customary charges for the following expenses:
 - prescription drugs
 - private duty nursing
 - cardiac rehabilitation
 - accidental dental
 - medical products and equipment
 - paramedical services
 - hearing aids
 - eye exams

See Supplementary Health Coverage for details of eligible expenses

- Emergency travel coverage for trips of up to 60 days for you and your dependents.
See Travel Coverage for details of eligible expenses.

Eligibility

You are eligible to apply for Extended Health coverage if you are:

- under age 70,
- a resident of Manitoba, and
- a Doctors Manitoba member.

New physicians may enrol in the Plan within one year of being eligible to join Doctors Manitoba as a regular member. If you decide not to join the Plan when you are first eligible, you may only enrol during an annual group re-opening.

Your coverage also applies to your Spouse and/or Dependent Children (family rates apply).

You must enrol according to your true family status.

Coverage begins on the date Doctors Manitoba receives your application, unless you enrol during a re-opening period, where coverage will be in effect January 1 or June 1, following the re-opening.

If you withdraw from the Plan you may not rejoin the Plan at a later date. This protects the viability of the Plan by preventing people from enrolling only at periods when they know they require extensive coverage.

Ambulance and Semi-Private Hospital Coverage

100% reimbursement of eligible expenses based on Reasonable and Customary charges for the following:

Ambulance Services

- Ambulance services within your province of residence and payment of up to \$250 per trip (based on provincial rates) for ambulance services provided elsewhere.
 - There are no limits on the amount payable within Manitoba or on the number of trips covered.
- All “emergency” ambulance trips are covered, and “non-emergency” trips are covered on the prior recommendation of an attending physician if the patient is non-ambulatory and cannot be transported by any means other than ambulance.
 - Lifetime maximum of \$250 per person for “non-emergency” transportation by a participating medical transfer service.
- Air ambulance will be paid up to the amount equivalent had the services been provided by ground ambulance.

Hospital Accommodation

- Payment for the charges of a semi-private room in a hospital in Manitoba (if the hospital does not normally provide the semi-private room without charge to any patient) at Manitoba rates. Comparable payment towards the cost of semi-private room charges by hospitals elsewhere in Canada.
- Per diem charges for hostel accommodation if you or your dependents require diagnostic testing or treatment at a hospital located more than 60 km from your home when recommended by a physician.

Supplementary Health Coverage

80% reimbursement (unless stated otherwise) of eligible expenses based on Reasonable and Customary charges for the following:

Prescription Drugs – you may fill prescriptions using the Blue Net drug card system. You just give your pharmacist your drug card and the pharmacist goes online with Blue Cross. You will be told how much you have to pay (typically your 20% share) and Blue Cross pays the balance to the pharmacy. The card system eliminates the need to file paper claims

Formulary Drugs – charges for drugs or medicines listed in the current edition of the Manitoba Drug Benefits and Interchangeability Formulary as issued by the Government of Manitoba, and sold on the written prescription of a physician

The plan pays up to the Manitoba Pharmacare deductible. Pharmacare pays 100% of the cost exceeding this amount. Please click the following link to determine your family's Pharmacare deductible. <https://www.gov.mb.ca/health/pharmacare/estimator.html>

Non-Formulary Drugs – charges for drugs or medicines not listed in the current edition of the applicable Provincial Drug Plan Formulary or Blue Cross Formulary, and sold on the written prescription of a physician.

The non-formulary plan does not cover the following prescription drug expenses:

- proprietary drugs
- “over the counter” drugs, smoking cessation products
- fertility drugs

Maximum for non-formulary drugs is \$1,000 per family per calendar year.

Blue Cross requires all plan participants to register with Manitoba Pharmacare. Proof of Pharmacare Registration will be requested by Blue Cross. (www.gov.mb.ca/health/pharmacare/apply)

Paramedical Services

Maximum \$750 per person per practitioner per calendar year for diagnosis and treatment, excluding x-rays, for the following:

- Audiologist
- Chiropractor
- Nutritional counselling by a Registered Dietician
- Massage Therapist
- Naturopath
- Osteopath
- Physiotherapist
- Podiatrist (includes a Certified Foot Care Nurse)
- Clinical Psychologist
- Speech Therapist

Athletic therapist and Occupational Therapist services to a combined maximum of \$300 per person per calendar year.

Hearing Aids

Charges for the purchase or repair when prescribed by an Otologist or an Audiologist to a maximum of \$1,500 per person in any five consecutive year period. **Note:** charges for regular maintenance, batteries or recharging devices are not considered eligible expenses.

Medical Supplies and Equipment

Note: some maximums and limitations apply; written prescription of a physician or nurse practitioner is required

Foot Orthotics – charges for the cost of foot orthotics when prescribed by the attending physician, occupational therapist, physiotherapist or podiatrist, to a maximum of \$300 per person per calendar year.

Prosthetic and Remedial Equipment – artificial limbs and eyes, compression garments, canes, crutches, splints, casts, trusses, braces, lumbar-sacro supports, corsets, traction equipment, and cervical collars.

Breast Prosthesis – breast prosthesis and surgical bras (maximum \$400 per calendar year per single prosthesis or bra, or \$800 per calendar year per double prosthesis or bra).

Wigs – wigs or hairpieces necessitated by illness or accidental injury (lifetime maximum of \$1,000 per person).

Orthopedic Shoes – orthopedic shoes custom made from a mould, stock shoes which are modified, or orthopedic shoe modifications (excluding orthotics, covered above, or insoles, removable or permanently affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality. Payment is limited to one pair per calendar year.

Continuous Positive Airway Pressure Machine - Charges for the cost of a Continuous Positive Airway Pressure device when prescribed by a physician or nurse practitioner to a maximum benefit payment of \$500 per Subscriber every 5 calendar years.

Rental or Purchase of Medical Equipment – lifetime maximum of \$250 per person.

Iron Lung, Wheelchair, Hospital-type Bed or Respirator – lifetime maximum of \$1,000 per person for purchase or rental.

Private Duty Nursing (Maximum of \$3,000 per person per calendar year)

- Charges for private duty nursing in a hospital by a professional nurse (not an employee of the hospital) when recommended by a physician.

- Charges for in-home nursing visits by a professional nurse (not a relative) during the 12 months following discharge from a hospital for services consistent with in-patient treatment.

Cardiac Rehabilitation (Lifetime maximum of \$300 per person)

- Charges for the services of a recognized cardiac rehabilitation program, when prescribed by the attending physician for patients diagnosed with cardiac disease

Accidental Dental Treatment

- when required as a result of accidental injury where natural teeth have been damaged or broken or a dislocated jaw requires setting
- treatment must commence within 90 days of the accident

Eye Examinations

- charges for the cost of one eye examination per person every 24 months, provided that no portion of the cost is eligible for payment under any legislated plan (limited to usual customary and reasonable charges – some providers may charge more than customary and reasonable charges)

Vision Care – 100% reimbursement

- charges for prescription eyeglasses, contacts or laser eye surgery up to \$300 per person, in any consecutive 24 months.

Travel Health Coverage

The plan includes coverage for emergency medical expenses while travelling out-of-province or out-of-country. There is no maximum trip duration if your trip is outside of your home province but still within Canada. If any portion of your trip includes travel outside of Canada, then the entire trip is subject to a trip maximum of 60 days for you and your dependents. If your trip duration exceeds the maximums noted above, coverage for the whole trip will be invalidated.

A trip begins when you leave home. A new trip begins when you have returned to your home province for 24 hours or more.

A lifetime maximum of \$5,000,000 per person will apply.

Retired or Age 65 and Over Limited Coverage (A pre-existing condition exclusion applies. See Travel Exclusions and Limitations for details).

What's Covered

The following are eligible expenses under the Travel Health benefit. Reimbursement is based on Reasonable and Customary charges for services provided by a legally qualified medical practitioner licensed in the jurisdiction where the service is performed. Exclusions and limitations may apply.

Accidental/Emergency Dental

- Dental care to natural teeth when necessitated by a direct accidental blow to the mouth only and not by an object wittingly or unwittingly placed in the mouth. Treatment must be rendered within 180 days following the date of the accident. The maximum amount payable is \$3,000 per accident.
- Treatment for the emergency relief of dental pain to a maximum of \$300. Services must be rendered outside of your province of residence. A letter from the attending dentist must be presented indicating treatment was necessary to relieve acute dental pain not present before date of departure.

Ambulance Services

- Transportation from the place of illness or accident to the nearest hospital capable of providing appropriate treatment.
- Economy air transportation by stretcher to your home city in Canada if you have received treatment at a hospital as an in-patient.

Emergency Remote Evacuation

- Emergency evacuation by a commercial operator licensed to convey passengers from a mountain, body of water or other remote location to the nearest qualified medical facility capable of providing appropriate treatment when a regular ambulance cannot be used to a maximum of \$5,000 per person.

Hospital

- Hospital in-patient and out-patient services and supplies.
- In-patient Allowance of \$40 per day for each day you are hospitalized as an in-patient. Maximum coverage \$1,000.
- Medical and surgical services by a legally qualified physician. Charges for services rendered in connection with general examinations, chronic or on-going care, or for check-up or cosmetic purposes are not eligible expenses.
- Physiotherapy services when provided in a hospital.
- Blood and blood plasma if not available free of charge.

Transportation

- Subject to the discretion of Blue Cross, medical evacuation to a hospital in Canada if the evacuation is not harmful to the patient's health. Prior approval must be obtained from Blue Cross.
- Additional cost, if any, of the most direct return (economy) air travel from the place where you were hospitalized as an in-patient to your home city in Canada, including the cost of return economy air travel for a graduate professional nurse where nursing care is required during the flight home. This benefit must be supported by a letter from the attending physician as medically necessary. This coverage also applies to your family (spouse and dependent children) or one travelling companion who is covered by a Blue Cross Travel Health Plan and is travelling with you at the time of illness or accident.

- Transportation to your bedside for your spouse or any one family member to be with you while confined in hospital as an in-patient for at least three days outside of your province of residence. This benefit must be supported by the written verification of the attending physician that your medical condition was serious enough to require the visit.
- Additional cost of return economy airfare for an escort to accompany your children (up to 18 years of age) to their province of residence in the event you are air evacuated to Canada for medical reasons.

Board and Lodging

- Additional expenses incurred for board and lodging by a relative or friend remaining with you during your hospitalization as an in-patient. To be eligible for coverage, the relative or friend must be travelling with you and also be covered by a Blue Cross Travel Health Plan. Only expenses incurred after the termination date of your trip are eligible.

Drugs or Medicines

- Drugs or medicines which are prescribed by a physician and dispensed by a licensed pharmacist, excluding vitamins and vitamin preparations, over the counter drugs, or patent and proprietary medicines available without a written prescription from a physician.

Private Duty Nursing

- Private duty nursing care during or immediately following hospitalization as an in-patient. The services must have been recommended by the attending physician and the nurse must not be a relative of the patient.

In the Event of Loss of Life

- Up to \$7,500 towards the cost of transporting the deceased to their home city in Canada (including cost of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death.
- Transportation will also be allowed for a family member travelling to identify the deceased prior to release of the body, if required by law. Coverage includes round-trip economy airfare on a commercial flight via the most direct cost effective route from Canada to the place where illness or accident occurred.
- Commercial accommodations and meals for a person travelling to identify a deceased family member.

Miscellaneous Items

- Chiropractic and/or podiatrist services. A letter from the attending physician must be presented indicating treatment was for acute rather than chronic care is required for claim submission.
- Repair or replacement of prescription eyeglasses or contact lens or lenses due to accident or injury to a maximum of \$100 provided that the injury was treated by a physician or dentist.

- Cost of returning your pet to your home city in Canada to a maximum of \$500 per pet, in the event you are confined in hospital for at least three days outside of your province of residence.
- Coverage for emergency veterinary care due to unexpected injury of your pet to a maximum of \$200 per pet.
- Charges of up to \$4,000 towards the cost of the return of your private or rental vehicle used for the trip, to your place of residence, or nearest rental agency, in the event you are unable to drive the vehicle.

Travel Exclusions and Limitations

The following are not eligible:

- Any travel health benefit services or charges on behalf of any person age 65 and over resulting from a pre-existing condition that was not stable for 90 days prior to your date of departure for your trip.

A “pre-existing condition” is any illness or medical condition for which you were prescribed, recommended or received medical treatment, consultation, care or services including diagnostic measures or have had the dosage or frequency of any medication reduced, increased, stopped and/or a new medication prescribed during the 90-day period immediately prior to your departure date for the trip in question.

A pre-existing condition would not include consulting a health care professional for a previously identified medical condition that has not changed, is not worsening and there has been no alteration in treatment.

A pre-existing condition would not include changes from a brand name medication to a generic brand of the same dose or the routine adjustment of Coumadin, warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped and there has been no change in your medical condition).

- Any trip in excess of 60 days that includes travel outside Canada. This coverage cannot be extended. Any extension purchased to extend coverage beyond the 60-day limitation will invalidate all coverage for that trip.
- Students in full-time attendance at a learning institution outside of Canada.
- Any person travelling against medical advice.
- Any person travelling for the purpose of securing or with the intent of receiving medical or hospital services.
- Any treatment or surgery which is not required for the immediate relief of acute pain or suffering or which reasonably could have been delayed (on medical evidence) until the patient returned to their province of residence.
- A medical condition for which it was reasonable to expect treatment or hospitalization during the trip.
- Any medical condition that occurs or recurs after Blue Cross or the international travel assistance provider recommends returning home following emergency treatment and you choose not to return.

- Any medical condition resulting from non-compliance with any prescribed medical therapy or medical treatment or failure to carry out a physician's or health care practitioner's instruction.
- Any medical condition relating to childbirth and/or delivery, in the event that any portion of travel outside your province of residence falls after the 31st week of gestation.
- Any treatment or surgery which is not for emergency treatment.

International Travel Assist – Provides 24-hour worldwide assistance if you have a medical emergency

You, the hospital or attending physicians should contact International Travel Assistance:

- when it is difficult to locate medical care
- to verify insurance coverage
- when hospitalized or when treatment is provided
- when treatment is complicated by language problems
- when a medical evacuation may be necessary

**Be sure to take your Blue Cross I.D. card with you when you travel.
Purchasing Additional Travel Coverage and/or Trip Cancellation Insurance**

Travel

You should obtain alternate travel coverage if you or your dependents plan to travel for more than the 60-day trip limit under the Plan.

Any extension purchased to extend coverage beyond the 60-day limitation will invalidate all Travel Health coverage for that trip under the Plan.

Individual Blue Cross travel medical insurance is available through Doctors Manitoba.

Trip Cancellation

Blue Cross trip cancellation insurance, airfare cancellation and/or holiday cancellation protection is available through Doctors Manitoba.

The coverage reimburses certain expenses incurred when you:

- are forced to cancel your trip prior to departure
- return prior to or later than originally scheduled
- miss a connection at a holiday departure point

Covered risks include sickness, injury and missing a connection due to a delay of the connecting carrier.

For more information, or to purchase coverage, contact the Doctors Manitoba office.

What's Not Covered

The following are **not** covered under the Plan:

- services not listed in the section "What's Covered"
- services or supplies which are paid by Medicare, Pharmacare or similar government plan
- any portion of a charge for services in excess of the reasonable and customary charge for treatment of an illness of similar nature or severity in the locality where the service is provided
- dependent children attending college outside of Canada
- Services related to the treatment of Temporo-Mandibular Joint dysfunction.
- Charges for completing claim forms or missed appointments.
- Services covered or provided through Workers' Compensation legislation, any government agency or a
- liable third party.
- Charges for services provided prior to the effective date of coverage.
- Expenses for services and supplies rendered or prescribed by a person who is ordinarily a resident in your home or who is a close relative of yours.

General Information

Definitions

Age means age as of January 1 of each year (the policy anniversary date) up to age 64. From age 65 your actual date of birth is used.

Spouse is:

- the person you are legally married to or
- the person you have continuously resided with for at least one year in a conjugal relationship

Dependent children are your:

- unmarried children under age 21 (or under age 25 if enrolled as a full time student at an accredited educational institution, college or university in Canada) who are principally dependent on you for support and maintenance

The age restriction does not apply to a physically or mentally incapacitated child whose incapacitation commenced while they satisfied the definition of a Dependent Child, as described above.

Effective Date of Insurance

Coverage takes effect when Doctors Manitoba receives your application. If you are enrolling during a re-opening period, coverage takes effect on the January 1st following the re-opening.

Changing Your Coverage

If your marital status changes or new dependents are added through birth or adoption, notify the Doctors Manitoba Insurance Services Department within 60 days of the event to ensure your coverage is correct.

Termination of Insurance

Your coverage ends on the earliest of the date:

- 90 days after you become a non-resident of Manitoba
- any premium required is due and unpaid
- your association with Doctors Manitoba ends
- the policy is terminated
- for a dependent, on the date the dependent ceases to meet the definition of eligible dependent

Upon death of an insured member, the spouse and eligible dependents are eligible to continue participation in the plan.

How to Apply and Claim

How to Apply

An application form is available in the Forms Library on the Doctors Manitoba website www.docsmb.org.

Submit to Doctors Manitoba your completed, signed application form and a cheque for applicable premiums made out to Doctors Manitoba. Payments can also be made by pre-authorized deduction from your bank account.

How to Make a Claim Link to Claims Process

Prescription Drugs - You may fill prescriptions using the Blue Net drug card system. You just give your pharmacist your drug card and the pharmacist goes online with Blue Cross. You will be told how much you have to pay (typically your 20% share) and Blue Cross pays the balance to the pharmacy. The card system eliminates the need to submit paper claims.

A claim form is available in the Forms Library on the Doctors Manitoba website www.docsmb.org.

Send your completed claim form and any supporting evidence required, such as detailed receipts (for prescription drugs receipts must include the Drug Identification Number) or physician's letter to the Insurer.

Reimbursement of eligible expenses will be promptly made by the insurance company.